Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE	1	OF	/		
			COVER	PAGE)	

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: Report Filed By:	CANDEDATE 1.	COMMITTEE LOBBYIST 1.
	RENNAN	
Street Address: 3407 GLENSIDE AVEN	WE	· ·
City:	State:	Zip Code:
ERIE	PA	16508-2956
TYPE OF STHILLESDAY 1. 2ND FRIDAY 2. PRE-PRIMARY PRE-PRIMARY	30 DAY 3. POST FRIMARY	AMERICANT? YES NO.
(place X to the right of ANNI)AL 7. YEAR	POST ELECTION	TERMINATION YES NO.
report type) REPORT YEAR 2017	FILING METHOD.	PAPER DISKETTE
Name of Office Sought by Candidate:	DATE OF ELECTION	District Office Party County Number Code Code
ERIE CITY COUNCIL	1/5 20/3	ERIE COUNCIL DEM ERIE
	1113 1003	ISEE INSTRUCTIONS FOR CODES
Summary of Receipts and Expenditures from:	MO DAY YEAR 10/7	FOR OFFICE USE ONLY
A. Amount Brought Forward From Last Report \$		2018 Volt
B. Total Monetary Contributions and Receipts (From Schedule I) \$	02631	
C. Total Funds Available (Sum of Lines A and B) \$		
D. Total Expenditures (From Schedule III) \$	826 37	
E. Ending Cash Balance (Subtract Line D from Line C) \$	775 00 51 37	PM IZ:
F. Value of In-Kind Contributions Received (From Schedule II) \$		= :0,4
G. Unpaid Debts and Obligations (From Schedule IV) \$	5 97	
AFFIDAVIT		
PART I - If this is a Committee report treasurer sign here. If t		andidate sign here
I swear (or affirm) that this report, including the attached schedules, on pap correct and complete.	ar or computer diskette, are to	the best of my knowledge and belief true,
Sworn to and subscribed before me this	11.1	, ,
10TH day of JANUARY 20 18	Lil 1	7.6-12
Arkeen	DAVID A	f Person Submitting Report
Signature (C) 2010		Printed Name
My commission expires // // // // // YR.	Area Code	392-02/6 Daytime Telephone Number
PART II — If this is a report of a Candidate's Authorized Comm) swear (or alfirm) that to the best of my knowledge and belief this politic (D.1. 1333, No. 330) as areaded.		
(P.L. 1355, No. 329) as omended.	No. 101 Vibrated a	in provisions of the Act of June 3, 1937
Sworn to and subscribed before me this	AH 1/11	M
10TH day of JANUARY 20 18	Sign	ature of Candidate
Signature / 2018	DHVID	BRENWAN Printed Name
My commission expires Mo: DAY YR.	Area Code	459-7937
a	mice code	HAVIIMA Toloshara N

SCHEDULE I

PAGE OF ____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Report	ting Perio	od,	
FRIENDS OF DAVID BRENNAN FOO	m _//	1/170	12/31/1
	American III		Marie Control of the
UNITEMIZED CONTRIBUTIONS AND RECEIPTS 1550/00 OBJUSS REF	CONT	RIBUTOR	
TOTAL for the Reporting Period	(1)	\$	a
			U
CAGONITRIBUTIONS \$5000 TO \$25000 THOM PART A AND PART BLA			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
TOTAL for the Reporting Period	(2)	\$	<i>n</i>
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
TOTAL for the Reporting Period	(3)	\$	0
			U
A FOTHERSREGE (PESS) REFUNDS TIME BREST EXAMED PREJURNED CHECK	S ETC	(EROM)	ART EL
TOTAL for the Reporting Period	(4)	\$	0
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING	******		
THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report		\$	2
Cover Page, Item B.)			0

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Traine of Fining Committee of Candidate				Reporting			10.00 March 10.00
FRIENDS OF DAVID	<i>b</i>	BRENNAN		From <u>/</u>	11/	17	To/2/3//17
Kannahara communication and the same and the	or otherwise	Constitution of a transfer to the Table Sec.		DATE		Control of the State of the Sta	AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address	120		MO.	DAY	YEAR	-	
City						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAH	\$	
Description of Contribution:							
	en ace	CONTRACT A CONTRACT OF A SECURITY OF A SECUR	OWNER PROFESSION			14.6-11.0-2-1	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
			***************************************			1 \$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	ē.
Description of Contribution:				<u> </u>			
	0102545						
Full Name of Contributor			MO.	DAY	YEAR	\$	TO PARTIE OF THE HEAVING TO SERVE
Mailing Address			MO.	DAY	YEAR	-	
		a .	MAD	UAI	ICAN	\$	
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	_	#1
Description of Contribution:			<u> </u>			\$	
Full Name of Contributor	Per de la Carte	THE PARTY OF THE P	MO.	DAY	YEAR	inerrouse A	and the second translations explosion to the condition of the conditions and the conditions are conditions as the conditions are conditional are conditions are conditional are condi
Mailing Address						\$	
maining Address			MO.	DAY	YEAR	\$	8
City	State	Zip Code (Plus 4)	MO.	DAY	RABY	_	
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Description of Contribution							
Full Name of Contributor	atties to	The Thicke is being and photograph the research	MO.	DAY	YEAR	ZAMANGE SE	第四十三十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
Mailing Address						\$	
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Full Name of Contributor	SOME OF PLANS	を対するのである。 では、 では、 では、 では、 では、 では、 では、 では、	MO.	DAY	YEAR	est distriction	ON THE SECRETARIES AND ASSESSMENT OF THE
						\$	
Mailing Address			MO.	DAY	RABY	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
		_			OILA/I	\$	
Description of Contribution:							
	erole as		de la securita	Nagles suprem	wivers on	No.	
Enter Grand Total of Part F on Schedu	ıle II	, In-Kind Contribution	ons De	tailed			TOTAL
Summary Page, Section 2.						\$	0

PAGE	OF/	
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SCHEDULE III

STATEMENT OF EXPENDITURES

vaine of Filing Committee or Candida			Reporting Period
FRIENDS OF	DAVID	RREM	WAN From 1/1/17 To 12/31
		73//2.41	7 7 7 31
o Whom Paid		SWAFTANIA BUSINESS AND	MO. PAY YEAR Amount
PER ATTA	CHED		
ailing Address SCHEDU	LE		Description of Expenditure
ty	State	Zip Code (Plus 4)	1)
		_	·
Whom Paid		Sentiem Diversion can	000000000000000000000000000000000000000
£ 5			MD. DAY YEAR Amount
ailing Address			Description of Expenditure
50	39		- conspicion of expenditure
ay .	State	Zip Code (Plus 4)	3
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Whom Paid	William Company of the Company of th	A STATE OF THE STA	
			MO. DAY YEAR Amount
iling Address			\$
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ig.	State	Zip Code (Plus 4)	
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and Address			Description of Expenditure
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my Address			Description of Expenditure
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	State	Zip Code (Plus 4)	
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/hom Paid .	(8		MU. DAY YEAR Amount
- 4-1			\$
ng Address			Description of Expenditure
*	State	Zip Code (Plus 4)	
Control of the Contro		-	4.
hom Paid			MQ. DAY YEAR Amount
		V.	\$
ng Address			Description of Expenditure
	State	Zip Code (Plus 4)	
5-0-		_	1
nom Paid	THE RESERVE THE PARTY OF THE PA		MO DAY YEAR Amount
ng Address			Description of Expenditure
			,
	State	Zip Code (Plus 4)	
	1 1	_	

2:53 PM 01/06/18

Accrual Basis

Friends of David Brennan Schedule III, Statement of Expenditures

As of December 31, 2017

Date	Name	Name Address	Memo	Debit	Balance
	Checking ash - Checking				0.00 0.00 0.00
Cash - S Total Ca	Savings ash - Savings				0.00 0.00
Cash - C	Other ash - Other				0.00 0.00
Total Cash					0.00
Loan - Day Total Loan	ve Brennan - Dave Brennan				0.00 0.00
Payroll Lia Total Payro	abilities oll Liabilities				0.00 0.00
	Balance Equity ing Balance Equity				0.00 0.00
Retained E Total Retai	Earnings ned Earnings				30,073.26 30,073.26
	ng Income contributors, \$1-\$50 ther Contributors, \$1-\$50				0.00 0.00 0.00
	Contributors, \$50-\$250 ther Contributors, \$50-\$250				0.00 0.00
	Contributors, Over \$250 ther Contributors, Over \$250				0.00 0.00
	I Committees, \$1-\$50 olitical Committees, \$1-\$50				0.00 0.00
	I Committees, \$50-\$250 olitical Committees, \$50-\$250				0.00 0.00
	I Committees, Over \$250 Ditical Committees, Over \$250				0.00 0.00
	ising Income - Other undraising Income - Other				0.00 0.00
Total Fund	raising Income				0.00
Advertisin 02/12/2017	g Collegiate Academy	Erie, PA		100.00	0.00 100.00
Total Adve	rtising			100.00	100.00
Breakfast Total Break	kfast				0.00 0.00
Contributi 03/13/2017 03/19/2017 03/23/2017 03/23/2017 03/23/2017 04/10/2017	on Erie Zoo Preservation Erie Mission Empower Friends of Brad Ford Friends of Jay Breneman Committee to Elect Kaz Kwitowski	PO Box 3268 Erie, PA 16508 10 East 5th Street, Box 3 Erie, PA 16507 Edinboro University 1611 Peach Street, Suite 1 Erie, PA Erie, PA		250.00 100.00 50.00 50.00 200.00 25.00	0.00 250.00 350.00 400.00 450.00 650.00 675.00
Total Contr	ribution			675.00	675.00
Dinners Total Dinne	ers				0.00 0.00
Fundraisir Total Fund					0.00 0.00
	eous Expenses ellaneous Expenses				0.00 0.00
Payroll Ex Total Payro	penses oll Expenses				0.00 0.00
Petition Fe Total Petiti					0.00 0.00
Picnic Spo Total Picni	onsorship c Sponsorship				0.00 0.00
No accent Total no ac	cont			(<u>) </u>	0.00
TOTAL				775.00	30,848.26

STATEMENT OF UNPAID DEBTS

1 or 2

Use this Secton to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate	Porting period.
Candidate	Reporting Period
PRIENDS OF DAVID BRENNAN	From 1/1/17 To 12/31/17
DAYID BRENNON	
Thing Robits	Custone in Surfice of Debt
SAUT GLENSIDE DUE DEBT	DAY 1977
ERIE State 2	Q/OVS
cription of Debt	6508
DAVID BREWNAN	/2/ 20//
DAVID BRENNAN	2011 2012
1.11d .Vool 523	of Dest
INCURRED VA	210110
ERIE State I	p Code (Pfys 4)
WET AMT. REPAIR	6508
DAVID BREWNING	
ng Address	Dusting Builde of Debt
1907 GLENSIDE AVE DEBT	1000
Stole Zi	Code (Plus 4)
iption of Debt	4500
NET AMT. PAID 5/7(13-6/10/1	3
DAVID BRENNAN	Outstanding Property
7407 OLENCIA STATE DIBT ME	(1, 250,00)
FRIE	210 CLP
ption of Debt	6000
NET AMT. REPAID 6/11/13-10/2	A Lower Commence of the Commen
DAVID BRENNAN	La Titte on
THE THE PARTY INCURRED VAR	1005
Tion of Debt Store 21p	Code Plus 4
NET AMT REPAID 11/26- 1210	6508
of Creditor	
19 Address DATE	Outstanding Balance of Debig
3407 GLENSIDE AVE INCURRED VAR	rous .
	Code (Plus 4)
NET AMOUNT REPAID IN 2014	
	PAGE TOTAL
Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item	G. PAGE TOTAL S 1705-97

STATEMENT OF UNPAID DEBTS

Use this Secton to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

andidate		Reporting Period	
FRIENDS OF	DAVID BRI	ENNAWFrom 1/1	117 70 12/21/10
Name of Creditor			10/2/3///
Mailing Address 3407 GLENSIDE A	,		Outstanding Balance of De
Mailing Address	DATE	Statistican representation	\$ (1700.00
City 3407 GLENSIDE A	2 VE DEBT INCURRED	MD DAY YEAR	7,00,00
ERIE	INCOMED	State Zip Code (Plus 4	\dashv
Description of Debt		PA 16508	
NET AMOUNT RE	= 0 0 . 4		
Name of Creditor	PAID IN	2015	
Mailing Address	*3 -55.		Outstanding Balance of Deb
The state of the s	DATE	MG. DAY YEAR	\$
City	INCURRED	JEAN	
		State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor	(#		
The bir Cleditor			Outeton
Mailing Address	10.75		Outstanding Balance of Debt
· · · · · · · · · · · · · · · · · · ·	DATE	MG. CLAY YEAR	
City	INCURRED	State Zip Code (Plus 4)	
Description of Debt		State Zip Code (Plus 4)	
lame of Creditor			
			Outstanding Balance of Debt
ailing Address	DATE	MG CAY VEGS	\$
ity	DEBT	MG GAY YEAR	
8 10		State Zip Code (Plus 4)	
escription of Debt			4.4
	2 20		
me of Creditor .			
oiling Address			Outstanding Balance of Debt
	DATE DEBT	MG. CLAY YEAR	
y	INCURRED	State Zip Code (Plus 4)	
scription of Debt		State Zip Code (Plus 4)	
or Dest			
me of Creditor		Miss	
			Outstanding Balance of Debt
iling Address	DATE		\$
7	DEBT	MG QAY YEAR	
		State Zip Code (Plus 4)	
cription of Debt		_	
	-	350	
tor Count To		,	DACE TOTAL
ter Grand Total of Unpaid Debts on Pag	ge 1, Report Cover	Page, Item G	PAGE TOTAL
			5.97